PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

CURRENT CORRESPON				CATION FEE (if req of maintenance fees orrespondence address	s, ander to	, arrang a sopa	nould be completed whe correspondence address rate "FEE ADDRESS"
45216	DENCE ADDRESS (Note: Use B	llock I for any change of	fadéress)	Note: A certificate of Fee(s) Transmittal Ti	f mailing ca	an only be used for the carmot be used for	r domestic mailings of or any other accompanyi nt or formal drawing, m
Kunzler & Mo		3/2008			ic or mainti	g of unusuussion.	
8 EAST BROA				hereby certify that t	his Fee(s) T	Malling or Transn	nission denosited with the Unit
SUITE 600	DWAI			States Postal Service addressed to the Ma	with suffici il Stan 189	ent postage for firs	deposited with the Unit t class mail in an envelo
SALT LAKE C	ITY, UT 84111	•		transmitted to the USI	PTO (\$71) 2	73-2885, on the da	above, or being facsim te indicated below.
	,						(Depositor's nair
•						·	(Signatus
A PRI ICATIONINO							(Dar
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNI	EY DOCKET NO.	CONFIRMATION NO.
10/713,445 11/14/2003			David Alan Burto	END9-2002-0061US1 9621			
AT LE OF INVENTION	I: VIRTUAL INCREME	NTAL STORAGE	APPARATUS METHOD A	ND SYSTEM			
			•	•			•
				•			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DE	JE PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEB T	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		S1740	04/23/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS	<u> </u>	•		
WALTER,		2188	711-170000		*		
. Change of corresponde FR 1 363).	ence address or indication	of "Fee Address"	'(37 2. For printing on t	ne patent front page, li	ist .	· · · · · · · · · · · · · · · · · · ·	. 1
Change of correspo	ondence address (or Char	nge of Correspond	(1) the names of u lence or agents OR, alter	p to 3 registered pater	ni attorneys	i kunzler	7 McKenzie
Address form P10/SE	3/122) attached.						
				male firm (havena se s	a mambar a	7	
Tree Address" indi PTO/SB/47; Rev 03-0; Number is required.	2 or more recent) attach	'Indication form ed. Use of a Custe	1 registered anomey	ingle firm (having as a or agent) and the nam attorneys or agents. If be printed.	sec of up to		
Number is required. ASSIGNEE NAME AT	2 of more recent) attach ND RESIDENCE DATA	ed. Use of a Custo	2 registered attorney 2 registered patent fisted, no name wil	or agent) and the nam attorneys or agents. If be printed.	nes of up to no name is	3	
Number is required. ASSIGNEE NAME AT	2 of more recent) attach ND RESIDENCE DATA	ed. Use of a Custo	2 registered attorney 2 registered patent fisted, no name wil	or agent) and the nam attorneys or agents. If be printed.	nes of up to no name is	3	cument has been filed for
Number is required. ASSIGNEE NAME AT PLEASE NOTE: Unle recordation as set furth	ND RESIDENCE DATA	ed. Use of a Custo	2 registered attorney 2 registered patent histed, no name wil D ON THE PATENT (print o signee data will appear on th is NOT a substitute for filing	or agent) and the nam altomeys or agents. If be printed. type) c patent. If an assign an assignment.	nes of up to no name is	3	cument has been filed for
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unkerecordation as set forth (A) NAME OF ASSIG	ND RESIDENCE DATA ess an assignee is identi i in 37 CFR 3.11. Comp	TO BE PRINTED FIELD THE STATE OF THE STATE O	D ON THE PATENT (print of is NOT a substitute for filing (B) RESIDENCE: (C	or agent) and the nam altomeys or agents. If be printed. type) c patent. If an assign an assignment. ITY and STATE OR (nes of up to no name is	3	cument has been filed for
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unkerecordation as set forth (A) NAME OF ASSIG	ND RESIDENCE DATA	TO BE PRINTED FIELD THE STATE OF THE STATE O	2 registered attorney 2 registered patent hsted, no name wil D ON THE PATENT (print o signee data will appear on th is NOT a substitute for filing (B) RESIDENCE: (C	or agent) and the nam altomeys or agents. If be printed. type) c patent. If an assign an assignment. ITY and STATE OR (nes of up to no name is	3	cument has been filed for
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET	ND RESIDENCE DATA ess an assignce is identi in 37 CFR 3.11. Comp intee Sines Machines	TO BE PRINTE! fied below, no as: letion of this form Corporation	D ON THE PATENT (print of is NOT a substitute for filing (B) RESIDENCE: (C	or agent) and the name altomeys or agents. If be printed. type) c patent. If an assign an assignment. TY and STATE OR (nee is identi	3fied below, the doo	
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unite recordation as set forth (A) NAME OF ASSIGNET NAME	2 or more recent) attach ND RESIDENCE DATA ses an assignee is identi in 37 CFR 3.11. Comp iNEE GINESS Machines ate assignee category or	TO BE PRINTE! fied below, no as: letion of this form Corporation	D ON THE PATENT (print or signee data will appear on the is NOT a substitute for filing (B) RESIDENCE: (C) At the printed on the patent):	or agent) and the name altomeys or agents. If be printed. Type) c patent. If an assign an assignment. ITY and STATE OR C., NY	no name is	fied below, the doo	p entity 🔲 Governmen
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME	2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi in 37 CFR 3.11. Comp intee SINEE SINES Machines ate assignee category or or re submitted:	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form Corporation categories (will no	D ON THE PATENT (print or signee data will appear on the is NOT a substitute for filing (B) RESIDENCE: (C) At the printed on the patent): 4b. Payment of Fee(s): (I) A check is enclose	or agent) and the name attorneys or agents. If be printed. Type) c patent. If an assign an assignment. ITY and STATE OR C., NY Individual C.	no name is no name is note is identification of the previous	fied below, the door	p entity 🔲 Governmen
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME (B) NAME OF ASSIGNET NAME (B) NAME OF ASSIGNET NAME (C) NA	2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi a in 37 CFR 3.11. Comp inter Since Since Since Machines ate assignee category or or re submitted:	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form Corporation categories (will no	D ON THE PATENT (print or signee data will appear on the is NOT a substitute for filing (B) RESIDENCE: (C) At the printed on the patent): 4b. Payment of Fee(s): (I) A check is enclosed.	or agent) and the name attorneys or agents. If be printed. Type) c patent. If an assign an assignment. ITY and STATE OR C., NY Individual Co Please first reapply and c. card. Form PTO-2038	no name is no name is note is identification of the previous sis attached	fied below, the door	p entity 🔲 Governmen
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME	2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi a in 37 CFR 3.11. Comp inter Since Since Since Machines ate assignee category or or re submitted:	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form Corporation categories (will no	D ON THE PATENT (print or signee data will appear on the is NOT a substitute for filing (B) RESIDENCE: (C) At the printed on the patent): 4b. Payment of Fee(s): (I) A check is enclosed the Director is here	or agent) and the name altomeys or agents. If be printed. Type) c patent. If an assign an assignment. TY and STATE OR C Individual Co Clease first reapply as d. card Form PTO-2038	nee is identicon or previous	fied below, the door other private groutly paid tasue fee shall.	op entity
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NA	2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi a in 37 CFR 3.11. Comp inter SINEE SINES Machines ate assignee category or or re submitted: o small entity discount per of Copies Is (from status indicated)	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form (of porafio) categories (will no ermitted)	DON THE PATENT (print or signee data will appear on the is NOT a substitute for filing (B) RESIDENCE: (C) At the printed on the patent): 4b. Payment of Fee(s): (I) A check is enclosed by credit overpayment, to D	or agent) and the name attorneys or agents. If be printed. Type) c patent. If an assign an assignment. ITY and STATE OR C., NY Individual Co- Please first reapply and c. card. Form PTO-2038 eby authorized to chare posit Account Number	no name is no name is no name is no name is no portation of ny previous s is attached ge the requirer 690 46	or other private groundly paid lasue fee shall interest to the control of the con	op entity
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unitercondation as set forth (A) NAME OF ASSIGNET NAME (A) NAME (B) ASSIGNET NAME (B) ASSIGNET NAME (B) ASSIGNET NAME (B) ASSIGNET NAME (A) ASSIGNET NAME (B) ASSIGNET NAME (B) ASSIGNET NAME (A) ASSIGNET NAME (B) ASSIGNET NAME (A) ASSIGNET NAME (B) ASSIGNET NAME	2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi a in 37 CFR 3.11. Comp intee SINES Machines ate assignee category or or re submitted: o small entity discount per of Copies Is (from status indicated SMALL ENTITY status	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form Cot pora from categories (will no ermitted) above) See 37 CFR 1.27	The printed on the patent): 4b. Payment of Fee(s): (I A check is enclose Payment by credit The Director is her Overpayment, to D A papicant is no	or agent) and the name attorneys or agents. If be printed. Type) c patent. If an assign an assignment. ITY and STATE OR C., NY Individual Co Please first reapply and card. Form PTO-2038 cby authorized to charposit Account Numbers.	no name is	fied below, the door other private groutly paid issue fee ship includes an include the control of the control o	ciency, or credit any extra copy of this form).
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Underecordation as set forth (A) NAME OF ASSIGNET NAME (B) NAME OF ASSIGNET NAME (C) Advance Order - # Change in Entity Statuer as shown by the rest as shown by the rest as shown by the rest.	2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi in 37 CFR 3.11. Comp in EE GINES Machines ate assignee category or or re submitted: o small entity discount pe of Copies is (from status indicated SMALL ENTITY status	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form Cot pora from categories (will no ermitted) above) See 37 CFR 1.27	The printed on the patent): 4b. Payment of Fee(s): (I A check is enclose Payment by credit The Director is her Overpayment, to D A papicant is no	or agent) and the name attorneys or agents. If be printed. Type) c patent. If an assign an assignment. ITY and STATE OR C., NY Individual Co Please first reapply and card. Form PTO-2038 cby authorized to charposit Account Numbers.	no name is name	ified below, the door other private ground the paid issue fee shall in the	op entity
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Underecordation as set forth (A) NAME OF ASSIGNET NAME (B) NAME OF ASSIGNET NAME (C) Advance Order - # Change in Entity Statuer as shown by the rest as shown by the rest as shown by the rest.	2 or more recent) attach ND RESIDENCE DATA ess an assignee is identi a in 37 CFR 3.11. Comp intee SINES Machines ate assignee category or or re submitted: o small entity discount per of Copies Is (from status indicated SMALL ENTITY status	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form Cot pora from categories (will no ermitted) above) See 37 CFR 1.27	The printed on the patent): 4b. Payment of Fee(s): (I A check is enclose Payment by credit The Director is her Overpayment, to D A papicant is no	or agent) and the name attorneys or agents. If be printed. Type) c patent. If an assign an assignment. ITY and STATE OR C., NY Individual Co Please first reapply and card. Form PTO-2038 cby authorized to charposit Account Numbers.	no name is name	or other private grounds paid issue fee shall be seen and the status. See 37 CFF prey or agent; or the	cicncy, or credit any extra copy of this form). R 1.27(g)(2). assignee or other party in 100103 090466 107
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NA	Prium C. K	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form (of porafio) categories (will no categories (will no categories) Sec 37 CFR 1.27 red) will not be ac es Patent and Trad	Togsisted attorney 2 registered patent isted, no name will be no name will be no name will be not be printed on the patent): 4b. Payment of Fee(s): (I have no name to not be printed on the patent): 4b. Payment of Fee(s): (I have no name to not not not not not not not not not	or agent) and the name attomeys or agents. If be printed. type) c patent. If an assign an assignment. ITY and STATE OR (Individual College of the printed of the print	orporation of the required attached att	ified below, the door other private grounds by paid issue fee shall be a status. See 37 CFF ney or agent; or the see STEMPIE2 050 1 1440.0 3 5 2300.0	cicney, or credit any extra copy of this form). R 1.27(g)(2). assignee or other party in the pa
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NA	Prium C. K	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form (of porafio) categories (will no categories (will no categories) Sec 37 CFR 1.27 red) will not be ac es Patent and Trad	Togsisted attorney 2 registered patent isted, no name will be no name will be no name will be not be printed on the patent): 4b. Payment of Fee(s): (I have no name to not be printed on the patent): 4b. Payment of Fee(s): (I have no name to not not not not not not not not not	or agent) and the name attomeys or agents. If be printed. type) c patent. If an assign an assignment. ITY and STATE OR (Individual College of the printed of the print	orporation of the required attached att	ified below, the door other private grounds by paid issue fee shall be a status. See 37 CFF ney or agent; or the see STEMPIE2 050 1 1440.0 3 5 2300.0	cicney, or credit any extra copy of this form). R 1.27(g)(2). assignee or other party in the pa
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NAME OF ASSIGNET NAME (A) NA	Prium C. K	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form (of porafio) categories (will no categories (will no categories) Sec 37 CFR 1.27 red) will not be ac es Patent and Trad	Togsisted attorney 2 registered patent isted, no name will be no name will be no name will be not be printed on the patent): 4b. Payment of Fee(s): (I have no name to not be printed on the patent): 4b. Payment of Fee(s): (I have no name to not not not not not not not not not	or agent) and the name attomeys or agents. If be printed. type) c patent. If an assign an assignment. ITY and STATE OR (Individual College of the printed of the print	orporation of the required attached att	ified below, the door other private grounds by paid issue fee shall be a status. See 37 CFF ney or agent; or the see STEMPIE2 050 1 1440.0 3 5 2300.0	cicney, or credit any extra copy of this form). R 1.27(g)(2). assignee or other party in the pa
Number is required. ASSIGNEE NAME AN PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNET NAME O	Prium C. K	ed. Use of a Custo TO BE PRINTE! fied below, no as: letion of this form (of porafio) categories (will no categories (will no categories) Sec 37 CFR 1.27 red) will not be ac es Patent and Trad	The printed on the patent): 4b. Payment of Fee(s): (I A check is enclose Payment by credit The Director is her Overpayment, to D A papicant is no	or agent) and the name attomeys or agents. If be printed. type) c patent. If an assign an assignment. ITY and STATE OR (Individual College of the printed of the print	orporation of the required attached att	ified below, the door other private grounds by paid issue fee shall be a status. See 37 CFF ney or agent; or the see STEMPIE2 050 1 1440.0 3 5 2300.0	cicney, or credit any extra copy of this form). R 1.27(g)(2). assignee or other party in the pa